



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-418-5515

# Campylobacteriosis

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Other: \_\_\_\_\_

Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

DOH Use ID \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

DOH Classification

☐ Confirmed

☐ Probable

☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: \_\_\_\_\_

☐ ☐ ☐ ☐ Bloody Diarrhea

☐ ☐ ☐ ☐ Abdominal cramps or pain

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): \_\_\_\_\_

☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **Campylobacter culture**

Campylobacter species: \_\_\_\_\_

### NOTES

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Guillain-Barre syndrome

☐ ☐ ☐ ☐ Reactive arthritis

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

**INFECTION TIMELINE**

Enter onset date (first  
sx) in heavy box.  
Count forward and  
backward to figure  
probable exposure and  
contagious periods

Days from  
onset:

Exposure period

-10 -1

o  
n  
s  
e  
t

Contagious period

weeks

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Destinations/Dates: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Contact with lab confirmed case  
☐ Casual ☐ Household ☐ Sexual  
☐ Needle use ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Congregate living Type:  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Poultry  
Undercooked: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Handled raw poultry
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

Y N DK NA

- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants  
Restaurant name/Location: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Source of drinking water known  
☐ Individual well ☐ Shared well  
☐ Public water system ☐ Bottled water  
☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- ☐ ☐ ☐ ☐ Case or household member lives or works on farm/dairy
- ☐ ☐ ☐ ☐ Exposure to pets  
Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Raw pet food or dried pet treats
- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit
- ☐ ☐ ☐ ☐ Livestock or farm poultry  
☐ chicks ☐ ducks ☐ other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS / TREATMENT****PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Child care inspection
- ☐ Investigation of raw milk dairy
- ☐ Work or child care restriction for household member
- ☐ Exclude from sensitive occupations (HCW, child, food) or situations (child care) until diarrhea ceases
- ☐ Initiate trace-back investigation
- ☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_